Introduction to Performance Management

CDC Performance Improvement Managers Network Call

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Operator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode. To ask a question during the question and answer session please press star 1 on your touchtone phone. Today's conference is being recorded. If you have any objections you may disconnect at this time. Now I will turn the call over to Ms. Liza Corso. You may begin.

Liza Corso: Good afternoon, everyone. Welcome to the Performance Improvement Managers Network call. I'm Liza Corso and I'm with the Office for State, Tribal, Local and Territorial Support and I'll be moderating today's call.

We're delighted that everyone could join us for today's call. This is our second call in the monthly call series that we're holding for performance improvement managers. It might be the first call for some of you who are new to your positions so I just want to mention that the Performance Improvement Managers Network, or PIM Network as we're calling it, is an activity of the National Public Health Improvement Initiative and it's intended to be a forum to support the Performance Improvement Managers in learning from each other as well as experts in the field, national partners, and others. So we see these as a way for members of the Network to get to know each other better, learn about best practices in quality improvement and performance management, and share information about resources and training opportunities.

Many of you are working now to establish a performance management system within your performance improvement offices. So on today's call what we're going to do is hear from two performance management experts who are joining us to provide an introduction to what performance management and quality improvement is all about. But before I go ahead and introduce our speakers, I just want to take a few minutes to review some of the technological features of today's call.

As the operator mentioned a moment ago, this is an operator assisted call. For those of you on the LiveMeeting site you'll ideally see the slides on your screen as well. You can also download them via the icon at the top right of your screen (it should look like three sheets of paper). But also, if you are not able to get on LiveMeeting, the email that was sent with the access information, the slides were sent as a PDF attachment. And our presenters will be saying "next slide" throughout the presentation so you would ideally will be able to follow along. If you are on the web, you'll also be able to see other sites participating in today's call by looking at the attendees under the link at the top left of your screen, and it looks like we have 45 folks who have joined us thus far. We have two ways to take your questions today: First, you can use the question and answer box, the Q & A box on the top gray bar of the screen to type in your questions at any time. We'll also take live questions at the end of the call. And today's call is going to last approximately 1 hour.

As was noted, the call is being recorded and the full presentation is going to be archived on the PIM Network web page and also the PIM Network's new virtual gathering space which we've established through the phConnect site. I hope folks may have had a chance to look into that. That was created to serve as a forum where Performance Improvement Managers, CDC staff, national partners and others can interact, exchange information, post resources and seek help from each other. We've posted the proceedings from the first call, from February 24th, already there so if you missed that call definitely please take a look and use that as an opportunity to ask questions and further the dialogue about your performance improvement offices.

Of course we're excited to be meeting many of you here next week at our National Public Health Improvement Initiative Grantee Meeting here in Atlanta, Georgia. You'll definitely have the opportunity to meet with others. In addition, look for an announcement through the NPHII grantee mailbox that will include a final agenda and program materials. Those materials will also be available in hardcopy at the registration desk for each registrant and you can submit any questions about the meeting to the nphiigranteemeeting at cdc dot gov mailbox that you've been probably getting information from already.

We're going to be conducting a few polls on today's call and we want to go ahead with our first poll right now. We want to know who exactly is joining us already today on the call, so please tell us a little bit about who's on the call and your organizational affiliation. State health department, tribal, local, territorial, if you're with a national public health organization, a partner, other. Looks like we have a lot of folks with states here.

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Looks like most people have cast their vote and we have a little bit more than half with state health departments but we also have some good representation from national partners, and local, as well as other, whatever that might be.

Our next question is going give us an idea of how many people are actually on the line. We of course had asked people to consolidate and be together to call into the webinar. So how many people are in the room with you? Is it just you? Is it you and someone else, 3-5, more than 5, or more than 10?

Looks like most folks are, "it's just you there". Thank you for participating in the polls. We'll also want to hear a lot more about today's call and the value of it so please plan to participate in our final poll at the end of the call. But we also have some polls right in the middle of the presentation to hear a little bit more about your thoughts on your own performance management activity.

Now let's move forward and I'd like to introduce our speakers.

I am really quite excited to introduce to you two people who've done great work in performance management and quality improvement.   We'll hear from both of our speakers before we take questions today, but as a reminder please go ahead and type in questions anytime during the presentation. We'll also take audio questions after the final part of the presentation.

We are pleased to have with us Mr. Ron Bialek and Jack Moran from the Public Health Foundation sharing with us today. Mr. Bialek is President and CEO of the Public Health Foundation. Under his leadership, PHF has focused its efforts on developing and implementing innovative strategies for improving performance of public health agencies and systems. Mr. Bialek recently served as one of the editors for the new *Public Health Quality Improvement Handbook* and in fact copies of the handbook have been reserved for Performance Improvement Managers and will be available at the PIM Network kiosk at next week's NPHII Grantee Meeting, so look for more information about that. Dr. Moran is a Senior Quality Advisor to the Public Health Foundation and a Senior Fellow at the University of Minnesota, School of Public Health in the Division of Health Policy and Management. He brings to PHF over 30 years of quality improvement expertise in developing quality improvement tools and training programs, implementing and evaluating quality improvement programs, and writing articles and books on quality improvement methods. So, Ron and Jack, the floor is yours.

Jack Moran: Thank you Liza. It's a pleasure to see a lot of people on the call today and look forward to meeting a lot of you next week when we're in Atlanta. The idea today is we're going to talk about performance improvement. Next slide, please.

And sort of a definition of performance improvement, as we start to move forward in performance management, is that it's really actively using performance data to improve public health. And using this data strategically in performance measures and standards, and setting performance targets and goals that we can then decide upon whether we need to make some appropriate interventions. Next slide.

One of the things we talk in this slide about is, you know, data. We have a lot of data, and it can be either quantitative or qualitative. We want to take that data, using some of the QI tools that we're familiar with, and turn it into information so that we can understand and discern any patterns and meaning in the data. And then as we do that, we start to build some knowledge and we're able to see how the results of our process or our performance for the whole organization is doing. And then we can decide on some interventions. Too often, people just focus on data and results. And don't really think about, how do you really change the behavior of the organization, and the attitudes of the individuals in the organization, so that you do get better results. Lot of times the data isn't compelling enough to make people make a change, and change their attitudes, and do better things. So part of the process as we go through performance management is setting realistic targets and goals so that people can aspire to those, but also we provide them with the necessary training and inputs to help them get better results as we move forward. So if you just focus on results and not behavior, a lot of times you don't get the results that you really want in the long run. Next slide, please?

And what we've found is that public health departments usually have a lot of data. Most of the time it's on health status, and a lot of times, and I've seen this recently in a number of places that I've been, is that it's at an aggregate level, it's not timely, people question the reliability of the data, and the validity of the data. And they're not really using it because they can't break the aggregate level down, the data isn't timely. We're also seeing now, people gathering more data on processes, and it's been heartening to me to see that a number of organizations that I've been working with are starting to get their customer data, to find out how the customer views their process and their delivery of services. Next slide, please?

Again as we talk about performance management, whether it's in public health, or in business, or in health care, it's really the same thing. It's using a set of management and analytical processes, hopefully supported by technology, although I still see a lot of manual systems that

people have out there, that really enables an organization to define strategic goals. And then if we have the appropriate technology, we're able to collect data on a regular basis, that we can measure and then manage performance against those goals. And, on the next slide, please?

One of the key things we see in this case is that usually as we're talking about performance management, the practices and the processes generally include, as a performance management, goal setting. A key thing for a reorganization. Financial planning. You know, part of the goals can be for customers, process, but we also have to have financial goals, because if we don't have those, we're not going to be able to do the other ones. Operational planning – how do we really deploy the strategic goals and so forth down into the organization, and have other people then respond to those, and make operational plans that support the strategic goals of the organization. Data collection – whether it's manual or automated, we still have to be able to collect the data. And then doing some very key things, and this is where we start to get information now, is the consolidation of the data. How do we consolidate it – at aggregate level, at local level? What level do we want to consolidate the data? How do we consolidate it is a key thing that we have to decide now in the performance management process. Then the analysis of the data really starts with the reporting of the data to bring us to the knowledge level. So do we start to show people, here's what the data are showing us, here's how we're performing as an organization on various measures. Then once we understand the data, and we have the knowledge, now we can decide what's the interventions that may be the most appropriate. What type of quality improvements do we want to make within the processes that we have. What are the most appropriate ones to do, that if we have the right data and so forth, we're able to prioritize and then make the correct decisions on which are the best interventions to do in this case. Once we start the interventions, then we want to make sure we monitor those, to get the evaluation of the results. And turn that back in again with the reporting of the data so that we see how things are improving, or not improving, do we have to do something different in this case. And in a lot of organizations that have performance management practices in place, they develop key performance indicators, and those key performance indicators, we're constantly monitoring those also. Those are a list that Ron and I developed from our background. But one of the things we'd like to do is to have you type in any others that might be missing in this case, that you're using that isn't on this list. And at the end if we have time we'll take a look at those, or if not, if we don't have enough time, we'll do them on a later webinar. But the key thing in this case is, what other ones do you have that we have missed on this list. And then we want to make sure that through our performance management practices, that the focus is constantly on the goals that we've set and making sure that they're consistently met, in an effective and efficient manner, by everyone in the organization whether it's the organization as a whole, a department, or an employee. So we want to get the

employee involved on a daily basis utilizing the same set of things, setting goals, collecting data, analyzing the data and making changes in their process that will help them do a better job and deliver better service or product to their customer. The next slide, please?

And again, we talked about some of this, is that performance management is a systematic process. We want to make sure people put it in. It'll change from place to place, but it is systematic within your organization, and it's really focused on getting to the strategic goals of the organization, and achieving them. And we all know, whether it's in public health or in other industries, that if we improve performance and quality, you know, we can cut costs and get better results. And in public health, that can translate into saving lives. And it enables health departments to be more efficient, more effective, more transparent and more accountable. And we'll talk a little bit about that in a couple of slides coming up, about the transparency and accountability. But it's a key part of the process is to make sure we are efficient, effective, transparent, and accountable. Can I have the next slide, please?

And one thing that we look at with performance management is that we want to make sure that by doing it, it positively influences the public health agency. We don't want to make it a burden, but we want to make it something that when we have a performance management system, it delivers value to the individuals in the organization and they're able to get a better return on the dollars invested in health by looking at how we're doing, making interventions, providing the right product and services, we hopefully will get a better return on our investment in health. Better accountability for funding and increases in the public trust; if we're able to show good returns, good progress, good stories, hopefully that will help us get better funding. What we also want to do is reduce the duplication of efforts. It always amazes me, every place I go, whether it's in my past experience or my current experiences, is how many times there's duplication of efforts. And people are doing the same thing differently. So what we really want to do is reduce the duplication of efforts and get more efficiency in the process. Again, looking at better understanding of public health accomplishments and priorities among employees, and our partners in this case as well as the public. And if we're doing this well and it's really influencing it, I think you'll find within your organization there's a better sense of cooperation and better teamwork because people now know we are really focused on really improving things that have been obstacles for a long time in the organization. And again, focusing on quality rather than quantity is a big change for a lot of people. And we have some tools now that can improve problem-solving, not only on the QI interventions we do but things that happen every day, at staff meetings, and day-to-day problems that we encounter, we have a systematic process, tools that we can pull upon that we've been trained in, make them really help us make a change in the way we do ideally work. Could I have the next slide, please?

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And this goes back to the accountability. One of the things that we've come across, and we have a number of things that we're doing today, is that the *Accountable Government Initiative*. Here it is, it talks about what are the key things that we want to do to improve things across the federal agencies. And these are the six strategies they're talking about. Driving the agency's top priorities, so we're focusing on our strategy. Cutting waste, reducing duplication in this case. Reforming contracting so it's more streamlined and more effective in this case. Closing the information technology gap so that we can consolidate data faster and quicker so that people doing things in different programs are able to get common platforms. And then having an open government, so that everybody sees that it's accountable as well as innovative, and then attracting and motivating the top talent through a lot of this workforce development that Ron and the Council on Linkages have been doing. It's a way to get the best people in, if you have a good working environment to attract them to, as well as good salaries.

Ron Bialek: Well, thank you Jack, I'm going to pick up from here. A lot of what Jack talked about were the core elements and the importance of performance management. And what we've been seeing over the past twenty plus years is that performance management does indeed work. We've seen that performance management in a variety of different types of organizations, including governmental organizations, does indeed improve performance and can impact in a positive way the outcomes. So as we are thinking about performance management, it's good to be reminded that this does work and we have seen it work in public health as well as other settings. Well, I mentioned that it was 20+ years ago where we started seeing literature and observation about performance management working. And then we started to, within the public health community, started asking ourselves, how does this work in public health? How can this work in public health? We had a variety of questions. What does performance management look like in our field? How can we get more of it? How can we have performance management implemented throughout state, tribal, local, and territorial health departments? And in response to those questions that began to emerge in our field, there was an effort, the Turning Point effort. The Turning Point Performance Management National Excellence Collaborative was convened about a decade ago. And actually one of the Performance Improvement Managers, one of the individuals on the call, Joan Ascheim, from New Hampshire, was involved in that effort. That effort involved seven state health departments, ASTHO, NACCHO, CDC, HRSA, and then we were fortunate enough and privileged to provide staffing support for that effort. During the performance management collaborative activity, I'm sorry, I also should mention Liza Corso was involved and very instrumental in that activity as part of the NACCHO team at that particular time. In the performance management collaborative, the goal was to articulate a performance management framework for public

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health. One had not been articulated prior to that point. And to provide some guidance on how can we achieve performance management throughout public health. Ultimately the idea here was, can we move from our silos in public health to a more systems approach where we're working across the silos to have comprehensive performance management throughout our organizations so we're leveraging all of the pieces, all of the activities, all of the data to improve the public's health. The basic concept for performance management that came out of the collaborative was that performance management is using performance standards, performance measures, reports of progress on performance, and ongoing QI efforts. That's really where the Turning Point collaborative had its mark if you will, is saying these are the basic concepts for public health. And then the collaborative also said that the ultimate goal is, and reinforces, of performance management is to improve the public's health, not solely to improve processes, not solely to improve the way an organization operates, but ultimately improve the public's health. Next slide, please?

This slide shows the framework that came out of the performance management collaborative. This is published in a publication from the collaborative, *From Silos to Systems*, and you see here there are four quadrants to performance management. Standards, measures, reporting of progress, and a quality improvement process. Next slide please.

What I'm going to do now is discuss a little bit of the terms here that we use in performance management. The first is performance standards. Going back to the quadrants, the very first piece here are having standards, having objective standards and targets that can be measured. That's key to a performance measurement system because at the end of the day, how do we know if what we're doing is working? How do we know if what we're doing is achieving the desired results without having some type of standards, some type of target, some type of benchmark? Next slide please?

We also have performance measures and with performance measures what we're talking about are, how is it that you can measure the standards that were established. So we have performance standards, we have targets. What are the quantitative measures of the capacities, the processes, and the outcomes. So again at the end of the day, we know whether or not our targets are being met. Next slide, please.

So now we have standards, we have measures. And then there's the need to report on progress. So how are we doing, along the way? Periodic reporting is essential, both internally and externally. We're talking about accountability, we're talking about transparency, we're talking about improving. So it's important to share how is it that we're doing and reporting on

progress. I'm going to pause for a moment, because these three areas, these standards, the measures, and reporting on progress, in the past has been pretty much what public health was focused on. We're very good at developing standards, we're very good at measuring things, we're very good at reporting on progress. And what the performance management collaborative noticed, in some surveying that it in did health departments, was that that tends to be our cycle: standards, measures, reporting. Standards, measures, reporting. We tend to get into that cycle and we don't move out to what's the very important next piece. Next slide, please.

So we often neglect the part of actually using the reports, using the data, using the information that we've compiled, to address quality issues, to improve quality, to develop policy and make changes, to reallocate resources in a way that may be more efficient and effective, to make program changes where desired. So it's important to deal with those three components, those three quadrants if you will, the standards and measures and reporting of progress, but the fourth is an essential one as well. Next slide, please.

In this fourth quadrant, we have quality improvement. And this is where we're talking about having a process for managing change and achieving quality within the organization. It's improvement by design, not solely by chance. And again, what the collaborative found was that the quality improvement piece often was neglected in public health. About five years or so ago, many organizations began focusing more on this whole quality improvement piece. We began seeing tools developed, tools translated, training conducted, we even see with Public Health Accreditation Board quality improvement being a hallmark of that effort and it really is the foundation of accreditation. We even see the grants talking about quality and performance improvement, like the NPHII grant, which is encouraging health departments to move in that direction. So we have seen over the past five years or so a lot of movement into the quality improvement area. Which has been great news in my opinion. But there's a caveat to that great news. We're starting to see some treatment of quality improvement as if it were its own categorical program. We're seeing that some people are focusing so much on quality improvement they're not necessarily integrating it into the full performance management model of standards, measures, reporting, and quality improvement. So as you continue on your performance management and quality improvement journey, it's just a caution I have, is it's easy to get focused so much on the quality improvement piece we can forget to integrate it with the standards and measures and reporting of progress. Next slide please.

So again with quality improvement what we're seeing in public health is that a number of agencies are using the Plan-Do-Check-Act model; it's one of the models that is used, there are

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others out there, others that may be more detailed and more sophisticated. But many are using Plan-Do-Check-Act because it fits quite well with having the standards, measures, reporting, and the improving quality. So it's a model that many are using and what also is important to recognize is that while there's a performance management framework, and there's a model such as Plan-Do-Check-Act for quality improvement, within any of the models for quality improvement there are many, many tools. Next slide, please.

This slide shows just some of the tools that are out there. Jack, and I, and some of the other individuals involved in quality improvement training activities have noted that there are thus far 80+ tools that we've been able to identify that are being used in a variety of ways within public health that are being used by agencies. On the left side we have what we see are some of the most common tools being used by public health agencies, and I should mention that in the QI Methods and Tools session that Jack will be doing next week at the NPHII meeting he'll be talking about a variety of processes with QI but also talking more specifically about flowcharting and the cause and effect diagram. And we also on the right side are seeing some more sophisticated tools that some public health agencies are beginning to use. This is not at all an exhaustive list; as I mentioned we've identified 80+ tools thus far; I suspect there are well over a hundred and tools will continue to be developed and will evolve over time. So what I'd like to do at this point is turn it back over to you, Jack.

Jack Moran: Thank you. Next slide. One of the things that we've noticed is that people like to somehow rate themselves to see how they're doing. And as Ron mentioned, the performance management system is the continuous use in this case and integrating it into all of an agency's core operations of performance standards, performance measures, reporting of progress and then defining and developing quality improvement interventions and then again going back and doing the reporting of progress so that we're constantly monitoring what we're doing. Next slide please.
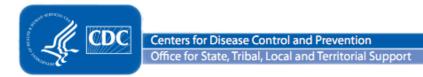
The next slide to take a look at this. Here we have the four things we talked about: the performance standards, performance measures, reporting of progress, and quality improvement. But also we've added in a couple of other things: questions around does your organization understand it, and do you have support of your organization. And one of the things we've found is using this radar chart on any type of a scale, whether it's a numerical scale or a qualitative scale such as this from strongly agree to strongly disagree, is a good way to get a discussion going in your organization around, where are you today. What do people think about the whole thing about performance management? Do they understand what it is, is there support for it throughout the organization? And one of the things you can do with a radar

chart is you can capture the responses of groups and then sort of overlay them and one thing that's usually a telling thing is that if you go in different levels of the organization there's a scoring change. Is there more understanding at the top of the organization than at the bottom? And it tells you now how to begin to think about how to really roll out the program, an educational program to get people to really think about and understand what is performance management at varying levels of the organization. And when we use a radar chart such as this, one of the things we want to do is, we do it in groups, to really capture the range of the responses. So you might get some that are disagree, some that are strongly agree. And if we show that on the radar chart it's very useful because it tells us where there might be some pockets of excellence or some areas that might need some intervention. And then also as we're doing it when we consent to a score as a group on any one of these axes is also to get the reason why. And that's a key thing to capture on this slide, for under performance standards if we all agree on what's happening, do we understand what's happening, why do we know that. So we capture a key element in this case and that gives us a way to come back in the future and see just if we've made any improvements. Can I have the next slide, please?

These are some of the questions that you can try on your own, but really in this case, on a scale of strongly agree to strongly disagree, does your organization have specific performance standards and targets. Does your organization measure capacity, processes or outcomes of established performance standards and targets. And another question in this case, are you documenting reports progress towards those set standards, targets, and goals. So those are the first three elements on the radar chart. Can I have the next slide, please?

These are the other four questions in this case; we have a quality improvement process. The other thing in this case: does your organization understand the performance management framework? And that's a key question to ask so that if they don't you really need to spend some time educating them. And then, is there support for this. You may find when you first pass through it that the first three or four questions you may score highly, but when you get to the last two, if the organization doesn't understand it, it usually isn't supportive. So it's a key area to focus on in this case when you're doing it. And the scale in this case, next slide please, is just really a qualitative one and you can sort of use this as you are doing it in a group. And I suggest you try it at different levels in the organization to see what the range of scoring is as you move up and down the organization.

And the next slide is back to our radar chart. And at this point, Liza, you're going to do your polling questions?

LC: Yes. We thought this would be a good moment to think about, and get folks to think about, in which quadrant of the Turning Point Performance Management model, so those four areas that Ron and Jack just reviewed, in which quadrant do you think your agency shows the most experience, strengths, or competency?

We'll show the results in just a moment. Looks like most people have cast their vote. And now we'll show the results: it looks like it's pretty well spread across the board, with a lot of folks saying performance standards and performance management, a little fewer saying reporting of progress, but the very least really referring to their strength in quality improvement. Jack, I'm not sure what reflections you have on that.

JM: I think it just sort of shows where public health is today, that quality improvement is – I came into this probably three years ago, and you see a growing, and this I think is an indication that it is starting to grow a little bit. And it's rather interesting that the other three areas, I think those are the ones Ron referred to, that's sort of the cycle that we've done for a long time. Standards, measures, progress. And now we're getting into quality improvement. So I think it's showing an accurate picture.

LC: Well, we want to look at things on the other side of the coin. So our next question is thinking again about those same quadrants. In which quadrant do you think your agency could improve its efforts? Once again we have the results hidden, but we'll reveal those in a moment, so please cast your vote. And we'll go ahead and looks like the polling is slowing down, so we'll go ahead and show those right now.

And as you can see, the majority of folks are indicating that quality improvement is an area where they need to improve efforts and of course there's a little bit in terms of performance standards, performance measurement, and reporting. So not surprising. Jack, why don't we continue on? We have a few questions that are coming in through LiveMeeting, what we can do is wrap up here and then take those questions during the latter part of the call.

JM: Dr. Deming used to say every system is perfectly designed to achieve exactly the results it gets. He did that with tongue in cheek; the fact is we don't really have a design system effectively to begin with to really get the results we want to get. We're always surprised with the results that we get. And I think one of the things you really want to emphasize is building your performance management systems is that results don't occur because you set new goals and targets but they really result because you made some systematic changes in the whole system of the organization. We talked about some of those techniques, and I'm sure we'll talk

about more of them next week. Improvement comes really with change, and you really have to make sure that the change is targeted so that it does improve the results. And it's a key thing that we want to constantly be focusing on is that we want to get systematic change that's effective, that's focused on results that really make an improvement in the organization.

And on the next slide, you'll find here's some links to some resources that you could do, in this case, if you go into the public health improvement resource center, type in turning point, and you'll find there's a number of things that will come up in this case. There's, if you're interested in more detail on the Turning Point Performance Management process, there's a full booklet package and DVD that you can get at that website and then there's some performance management self assessment tools that are also on the web up there if you look for them. So these are some key ones for you to try along with the radar chart that we put up, to do an assessment of where you think you are in the organization and also where others think you are in the process. It's always good to verify what you think elsewhere in the organization. Sometimes the results are not what we think. But try the process at various levels to see where the real strength is in the organization and where the support is in this case. Ron, did you have any comments?

RB: No additional comments, thanks Jack.

LC: Well, Ron and Jack, thank you so much for an excellent presentation and just a wonderful overview of performance management and quality improvement. In that last slide you highlighted the performance management self-assessment tool, and I really just want to highlight that to everyone on the call, because I really do think that that's an excellent tool for understanding some of the key questions you need to ask yourself or your organization about each of those four quadrants of performance management, to really understand where you're applying performance management and opportunities for improvement. I think that's actually a really good tool for folks to consider.

RB: And Liza, just a quick comment, we will have copies of that tool at the Public Health Foundation kiosk next week down in Atlanta, so folks who are interested, come by and visit and you can get your hard copy if you don't decide to go to the web.

LC: Great, perfect. We have about 15 minutes for questions and answers and discussion. And we've had a few questions coming in on LiveMeeting, but I'll also ask the operator to help us begin to take live questions right now. One of the first questions that I see that came in, Ron

and Jack, could you, this is from someone – can you give an example of a framework for performance standards?

RB: A framework for performance standards? Like the National Public Health Performance Standards Program, is that what we're thinking about?

LC: I think that might be – to me - my read of the question is that that's certainly an excellent example.

RB: I think that there are really wonderful national sources like the National Public Health Performance Standards Program which has questions that are a number of them qualitative in nature, because the qualitative is quite important to performance improvement as well as the quantitative, and then you have more quantitative standards such as Healthy People 2020. So if you take together some of the qualitative self assessment tools and standards that are in frameworks like the National Public Health Performance Standards Program and combine them with something like Healthy People 2020 you have a good mixture of quantitative and qualitative. And we know that many health departments develop their own health plans that have specific health measures and health targets in them. Sometimes they don't have the process targets in there, and I encourage those to be in there as well, like those that you can find in the performance standards program.

LC: Thank you Ron. And certainly also I would add, I think that the accreditation standards that are being developed right now through the Public Health Accreditation Board, will also offer a nice opportunity for thinking about agency-specific standards.

We have a few folks that have provided thoughts in response to, Jack, your question about other tools to add to your list. And let me share a little bit about what's come in through that. One individual shared that "Through meetings with all programmatic entities in our department, aside from goal-setting, data generation, developing performance measures, targets, et cetera, we are identifying lots of strategic initiatives to streamline processes: go paper-free, merge parallel efforts, bridge silos, consolidation, et cetera. The systems review of the department has been a great byproduct of this initiative." That, to me, sounds like that's wrapping up some of the value of performance management as well. Any thoughts on that? And other tools that some folks have also mentioned, functional threading between departments within the organization; community assessment; asset mapping; and strategic planning. All of those have come in through the LiveMeeting Q&A board.

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Here's another question that just popped up: "What are some strategies to generate buy-in to quality and performance improvement, especially when participants past experiences with quality improvement and performance management have been negative?" I think that's a great question.

RB: Jack, do you want to dive into that one? Or would you like me to dive into that one?

JM: Well, you can start, you jumped right up there. [laughter]

RB: I think first off one of the difficulties I think that we have is often when there's new leadership, I shouldn't say often, sometimes when there's new leadership there's a new flavor-of-the-day in terms of processes. So, TQM, CQI, whatever… and I think that getting bogged down on the specific tool or the specific model often is what holds us back. Sometimes we end up focusing on the tool. Something like the balanced scorecard is a great tool, but it's not the end in and of itself, it's a tool for a purpose. And so I think it's important always to be starting with what is it that we're trying to achieve, how is it that we wish to use QI processes, and then look to what methods, what tools might be available to help with the particular situation. That's one piece. The second is, we often start out with trying to solve world peace. And we try to solve world peace and you're just setting yourself up for failure. And I know Jack, you can probably comment on this far better than I can. But many organizations initially strive to do way too much too quickly and often don't reach the desired end and consider it to be failure. So what's important is when you start looking at what you're trying to improve, and trying to change, to bite off a chunk that you can actually chew. And you bite off a chunk, you define it, and then you start looking at what is it that you can influence, what is it that you control. And if you take a bite that you can chew, and you start focusing on what it is you might be able to control, that's a way that you can begin to have an impact and see early wins. And when you see early wins, that tends to start building some momentum within an organization. It's when you look at the whole spectrum of what you're trying to accomplish and you start wanting to address what it is you have little influence over it becomes frustrating and you don't really see or achieve those changes. Jack, would you like to add anything?

JM: Yeah. One of the things – this is not unique to public health. I think everybody that has done anything in quality improvement has always had the people in the past, that they tried something and it didn't work. Also, as Ron mentioned, new leadership means new change, and that's something I stumbled across one day, I was doing some research for an article I was writing, and I happened to be reading National Geographic. And it was on Egypt. And there was a quote in there that somebody had found, and it said, "new Pharaoh, new pyramid." And what

they were meaning in that case was, there was a lot of unbuilt pyramids. Every time the pharaoh changed, they built a new pyramid. And leadership changes – one thing that you should do, and I learned this a long time ago as a leader, was that when you're starting another quality initiative, acknowledge what went wrong with the others. You know, it's no sense people try to hide it and say, this is something different, it isn't. Why didn't it achieve before? Try to do some research and understand what went wrong the last time we did this, why didn't it happen. A lot of times it was, people get up, did a lot of training, but no implementation. Or they tried to implement it without training. Or it wasn't tied to the strategic goals of the organization. And people floundered in it, and then leadership changed, and the next group stopped it for a while and went in a different direction. So you need to really acknowledge what happened in the past, why this will be different, and hopefully we learn from our past mistakes.

LC: I think that's a really insightful set of thoughts you've just shared, and I really like the pyramid metaphor. It brings to mind all sorts of thoughts. I have been remiss in telling folks you should actually press star 1 if you would like to verbally ask your question. We do have a few folks coming in with additional questions, but let me give us a moment to hear some other voices if anyone would like to ask their question verbally.

Operator: There are no questions at this time, but once again, to ask a question, please press star 1.

LC: Great. Another question that has just come in: "When developing standards for the state-or local or territorial or tribal level, I'll just add that-how broad or detailed should we aim for? High level outcomes or capacity goals, versus specific, process-oriented?" Ron or Jack, any thoughts on that? These are good questions.

JM: Well, I think one thing that you have to do is you need to start at some level and set an overall objective. And then what needs to happen is the specific pieces of it really, as you deploy it down into the organization, it will become more specific. And it's always that challenge is, how specific do you make it at the strategic level versus the operational level. And usually if you make it too specific at the strategic level, everybody at the operational level complains that it's too tight. And if you make it too broad, then they complain that it's not clear enough. So it's a very fine balance, and what I've learned to do is when you're setting those goals is to involve as many people as possible at different levels in the organization so you do get some translation right up front. And it makes it much easier in the long run because then people develop ownership in those goals and objectives and they can see how it fits at their level within the organization.

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LC: Well, Jack, you just alluded to another point that has come in through another question, when you're talking about 'all levels of the organization'. Because we've had a couple of folks actually asking questions about strategies and methods for getting executive, management, or leadership involved and bought in to quality improvement and performance improvement.

JM: Well, that's a key thing. If they're not bought into it, one of the things is, you know they're the ones that have a major influence in the organization. And one thing that I've always found when things have problems getting traction is that if the top leadership tries to delegate that to somebody else, they really need, it doesn't really work. You really need to be able to have the leadership engaged right at the top in the quality improvement effort, and make it one of their top priorities so that others in the organization see it as one of their top priorities. Because most people do watch what leadership does, and if they're doing it, others will follow.

RB: And just going to, sort of, the public policy literature if you will, there are a variety of strategies in working with leadership where you know one needs to listen real carefully to what leaders are saying and thinking about what they're saying and work towards you know are there ways to help your idea become their idea. Are there ways to listen to what their concerns are and to demonstrate that through some QI process, a little process, that you can achieve some specific improvements. So there's a lot of listening, and I don't mean to make it sound like one should manipulate leaders, but it is important for leaders to feel ownership of ideas as well, and sometimes you can listen real carefully and help them to articulate an idea that you really wished for them to articulate so you can at least try it out and begin moving it forward.

JM: A better word than "manipulation" is "co-opting". [laughter] It's in the QI vocabulary.

LC: It looks like, just looking at the time, we have time for probably one or so more questions before we'll want to spend a moment or so wrapping up. We've got a question that came in about the self assessment tool. And someone indicated they're very interested in the self assessment tools, however of course in departments of health there are very many levels and definitions of "organization", depending on who's responding to the assessment. "How does the top level of the organization make sense of the disparity of responses based on the respondent's perspective?" So Ron and Jack, I think this is a question a little bit more speaking to how the using that self assessment plays out and what it's really targeted at.

JM: Well, one of the things is that when we use the radar chart, it's not unusual when you first do it, where a lot of the public health agencies are today, and what we saw on the polling

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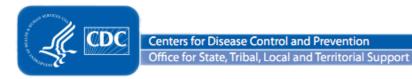Office for State, Tribal, Local and Territorial Support

questions, is that the top of the organization is probably very familiar, understands what performance management is all about. And, at least in the broad sense, and quality improvement, and probably support it because they've applied for the grants and they're moving forward on the system. And as you move further down the organization you'll find the scores on the radar chart will collapse towards the center. And this is a very telling thing that says, you know, at the top we're very knowledgeable, but as we move down we haven't done a very good job of communicating what this is all about. And too often we jump into programs and we forget about everybody else. We understand it but we don't communicate it well. Some of the process is to bring up that knowledge level, do some all-hands meetings, some short snippets at various meetings where people get together, maybe even a webinar that can be done internally, but really get the knowledge out to people. What is this all about that we're doing? And that will help raise those scores up as you go down through the organization.

RB: The radar chart is a really nice way to begin sharing perceptions across the agency and it could also be that one particular part of the agency notes that they're really exceptional in the quality improvement area. And the agency itself, maybe, hasn't seen that as being an area that's its strength. And it may involve some discussion – it may be that one particular unit within the agency does have folks who are doing a lot of quality improvement but they're just doing it within their particular part of the agency. And then that can open up a variety of other avenues for some internal learning and sharing to occur within the agency, so that there are a lot of real neat aspects I think to the radar chart in terms of discussion, prompting discussion and trying to address perceptions.

LC: Ron and Jack, I am going to have to interrupt now. This is just great and questions are rolling in. But it's now closing in on 5:00 Eastern time, and of course we want to respect the end time for the call. What I want to tell folks is that what we are going to do is capture the questions that have come in and we are going to bring these to the phConnect site, that virtual community that I mentioned earlier that has been established for the Performance Improvement Managers Network. We hope all of you either have joined or are planning to join that. And we'll once again send the instructions and links for that next week.

What we'll be doing is we'll be posting the proceedings of this call on both phConnect and that will also ultimately go up on our public PIM Network website on the OSTLTS website. We are going to also post these questions, and Ron and Jack, if you wouldn't mind helping to sustain the dialogue and share some reflections on some of the unanswered questions I think that would be much appreciated.

If you'd like to give us also any additional feedback on this call or suggest topics for future calls, of course you can also share that with us through the phConnect site or email us directly at pimnetwork at cdc dot gov.

We want to go right now really quickly and just hear some thoughts on, "How would you rate this webinar overall?" I think folks can see that. So we've got a lot of "excellents" and "goods", so great.

We're so happy this was valuable and we certainly hope you'll plan to join us on April 28th for our next call. It looks like we have just confirmed Dr. Jonathan Fielding, from LA County, who will be joining us to share some insights and reflections on evidence-based practices, the Guide to Community Preventive Services, Healthy People 2020, and how all of that fits into performance management in health departments. And in May, we'll be showcasing the lessons learned, resources, and experiences of the Multistate Learning Collaborative, which has been a collaborative through the past five years and most recently has supported 16 states in accreditation preparation and quality improvement activities.

So with that we'll adjourn the call, and I want to thank Ron and Jack once again, and all of you for participating on today's call. Thank you.

RB: Thank you.

Operator: Thank you for participating in today's conference call; you may disconnect at this time.

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